T1D-RAID (Type 1 DIABETES - RAPID ACCESS TO INTERVENTION DEVELOPMENT) REQUESTOR INTELLECTUAL PROPERTY REPORT FORM (information to be provided by Applicant's Technology Transfer Office)

Institution Name:

Principal Investigator Name:

Describe technology or material to be developed in T1D-RAID project:		
2. Describe patents/patent applications held or filed by <i>your institution</i> that protect or relate to technology/material (provide filing/patent serial #'s):	Serial #s:	
3. Describe patents/patent applications	Serial #:Assignee:	
held or filed by third parties that protect	Serial #:Assignee:	
or relate to technology/material (provide	Serial #: Assignee: Serial #: Assignee:	
filing/patent serial #'s and assignee):	Serial #:Assignee:	
4. If technology/material is subject of		
issued/pending third party patent, please		
indicate whether applicant has obtained		
license/permission to use:		
5. Has technology/material been licensed	Υ	
by your institution to third party?	N	
Are filing/prosecution costs of your	Υ	
institution's relevant patent applications	· N	
being shared with a commercial party?	Not Applicable	
7.5 " () . " "	W.	
7. Does licensee(s) meet small business size regulations set forth in 13 CFR 121	Y N	
(<500 employees)?	N	
(
	usiness entity precludes eligibility for T1D-RAID support. In the	
event of successful licensure to a non-small business firm during the course of T1D-RAID-supported		
activities, the currently active project will be drawn to an orderly conclusion in collaboration with the originating laboratory and the licensee, the data made available as a Master File, and/or product transferred to		
the originating laboratory.		
The T4D DAID County story (see 1.5)	Many many detail below A about deba most for the second delication of t	
The T1D-RAID Coordinator (contact information provided below) should be notified if successful licensure of the current application's subject agent/technology occurs.		
8a. Has research that produced	Y	
technology received any private sector	N	
support?		
8b. If "Yes" in 7a, please describe:		

9. Describe any license option or	
obligation to third parties regarding this	
technology for its use:	
10. Describe any patents not named in	
item #3 above that are held by others and	
which would be required for the	
development of this technology:	

SIGNATURE REQUIRED ON NEXT PAGE

Signed by Applicant's Technology Transfer Office		
Office Name: Address:		
Phone: Fax:		
Contact Signature:Contact Name (Print): Contact Title:	Date:	

Any questions regarding this document should be directed to:

Myrlene Staten, MD Senior Advisor, Diabetes Translational Research National Institute of Diabetes & Digestive & Kidney Disease National Institutes of Health 6706 Democracy Blvd. Room 6107, MS 5460 Bethesda, MD 20892